PROJECT ENVIRONMENTAL MONITORING AND AUDIT PRIORITIZATION SCHEME (PEMAPS) QUESTIONNAIRE

Project Name	:	
Project Location	:	
Proponent	:	
Pollution Control Officer	:	
Tel. No./Fax No./Email	:	
Project Type		
	·	
Project Status		

I. PROJECT CONSIDERATIONS

Size and Type Size based on number of employees Specify number of employees:

Туре

ECP	
Non-ECP but in ECA	/
Non-ECP and Non-ECA	

Waste Generation and Management

Enumerate Waste Type and Specify Quantity of Wastes generated in your facility. (Identify /Enumerate)

Cotogory	Waste	-	Quantity	
Category	waste	Hazardous	Non-Hazardous	Quantity
	Waste 1			
Air	Waste 2			
	Waste N			
Liquid				
Solid				

Pollution Control System (PCS)

Enumerate PCS or Waste Management Method Used in your facility. (Identify /Enumerate)

Category	PCS/Waste Management Method Used	Remarks
	PCS 1	
Air	PCS 2	
	PCS N	
	Primary	
Liquid	Secondary	
	Tertiary	
Solid		

II. PATHWAYS

Prevailing wind towards barrio or city? (mark the corresponding point) Yes _____ No _____

Rainfall (impacts surface & groundwater pathways) Average annual net rainfall: Specify amount:

Maximum 24-hour rainfall: Specify amount:

Terrain (select one and mark) Flat _____ Steep _____

Is the facility loca	ted in a flood-prone	e area? (s	elect one and m	nark) Yes	No
Ground Water Deptl	h of groundwater ta 0 to less than 3 3 to 10 Greater than 10	able (mete	er)	(select one and	I mark) - -
	NG MEDIA/RECEF earest community) 0 to less than 0.5 I 0.5 to 1 km Greater than 1 km	km	(select c	one and mark)	- -
Receiving Surfact Distance to receiv	e Water Body ving surface water: 0 to less than 0.5 0.5 to 1 km Greater than 1 km	km	select one and	mark)	-
Size of population	n using receiving su Specify number:	urface wat	er		_
Fresh Water Classification of f	resh water AA A B C D	(select or	ne and mark)		- - -
Size of fresh wate	er body Specify size:				_
Economic value o	of water use Drinking Domestic Recreational Fishery Industrial Agricultural	(may sele	ct more than one	of the criteria belo	>w) - - - - -
Salt water Classification of s	salt water SA SB SC SD	(select or	ne and mark)		- - -
Economic value o	of water use Fishery Tourist zone or pa Recreational Industrial		ct more than one	of the criteria belo	ow) - - -
Ground Water Distance to neare	est recharge area 0 to less than 0.5 0.5 to 1 km Greater than 1 km	km	select one and	mark)	- -

Distance to nearest well used 0 to less than 0.5 km 0.5 to 1 km Greater than 1 km	(select one and mark)
Groundwater use within the nearest well Drinking Industrial Agricultural	(may select more than one of the criteria below)
Land Indicate current/actual land uses within 0.5 Residential Commercial/Institutional Industrial Agricultural/Recreational Protected Area	km radius: (may select more than one of the criteria below)
Potential/proposed land uses within 0.5 km Residential Commercial/Institutional Industrial Agricultural/Recreational Protected Area	(may select more than one of the criteria below)
Number of affected Environmentally Critical Specify number:	Areas within 1 km:
Distance to nearest ECA 0 to less than 0.5km 0.5 to 1 km Greater than 1 km	(select one and mark)

IV. ENVIRONMENTAL PERFORMANCE

Compliance (pls. take note that this will be double-checked with PCD files)

	Violation	Type (pls. specify	Type of	Additional			
Law	(check if any)	Emission/Effluent/ Discharge	Ambient Human Impact		Admin/ ECC	Admin Violation	Remarks/Status of Compliance
RA 8749							
RA 9275							
RA 6969							
PD 1586							
RA 9003							

Number of Valid Complaints Citizen and NGOs Specify number: Others (other Govt. Agencies, Private Institutions)

	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		

(To be filled up by EMB Personnel)

RECOMMENDATION/S:

Assessed By:

Noted By:

ACCOUNTABILITY STATEMENT OF PROJECT PROPONENT

This is to certify that all information in the submitted **Project Environmental Monitoring And Audit Prioritization Scheme (PEMAPS) Questionnaire** of located at _______ is true, accurate and complete. Should I learn of any information, which makes this inaccurate, I shall bring said information to the appropriate Environmental Management Bureau Regional Office.

In witness whereof, I hereby set out my hands this _____ day of 2012 at _____.

PROJECT PROPONENT

SUBSCRIBED AN	ID SWORN to before me this	
day of	2012 at	Affiant
exhibiting to me his/her C	Community Tax Certificate No.	
issued on	·	

Doc. No.
Page No.
Book No.
Series of 200_